



Team Application

Youth Empowerment Summit

September 13-16, 2004

Little Beaver Camp, Linda Lake
Wasilla, Alaska.

Each team may include 4-6 students and must include 2 adult partners, for no more than a total of 8 participants.

Registration Packets Due: August 9, 2004

Neighborhood/Village:

Youth Team Leader:

E-mail:

Mailing Address:

City:

State: Alaska

Zip:

Daytime Phone:

Home Phone:

Adult Team Leader:

E-mail:

Mailing Address:

City:

State: Alaska

Zip:

Daytime Phone:

Home Phone:

Student Name:

Grade Level/Age:

Gender: ☐ Male ☐ Female

Student Name:

Grade Level/Age:

Gender: ☐ Male ☐ Female

Student Name:

Grade Level/Age:

Gender: ☐ Male ☐ Female

Student Name:

Grade Level/Age:

Gender: ☐ Male ☐ Female

Student Name:

Grade Level/Age:

Gender: ☐ Male ☐ Female

Student Name:

Grade Level/Age:

Gender: ☐ Male ☐ Female

2nd Adult Partner Name:

Gender: ☐ Male ☐ Female

☐ Attached is a short (one paragraph for each question) essay response from each student and adult partner with an answer to the following questions:

1. "Why are you interested in participating in the Youth Empowerment Summit?"
2. What skills do you have that could assist your team in making a community action plan to form connections within your neighborhood or village?

☐ Attached is a letter of recommendation for each student from a teacher, parent, or community member supporting his/her participation in the Youth Empowerment Summit.

☐ Attached is a letter of recommendation for each adult from a youth supporting his/her participation in the Youth Empowerment Summit.

☐ Attached is a brief description (no more than one page) of how the team views their team working together to implement a plan of action.

Registration Packets DUE BY August 9, 2004!

Return to:

Kathleen Castle

Leadership Experiences International

10501 Schuss Dr.

Anchorage, AK 99507

E-mail: lei@alaska.net/ Phone: (907) 345-7977

FAX: 907-522-3399



YOUTH Recommendation

Youth Empowerment Summit

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Student Name: _____

Person Writing Recommendation: _____

Title/Position: _____

I have known this teen for: (number of years) _____

I believe this teen will be an effective representative of and to our neighborhood or village, both at the Summit and when returning home to work on a plan of action: _____ Yes

Why do you think this teen will be a good member of your community's team?

Please return your letter of recommendation to the team's contact person. That person will send the application, by August 9, 2004 to:

Kathleen Castle
Leadership Experiences International
10501 Schuss Dr.
Anchorage, AK 99507
Phone: (907) 345-7977
FAX: 907-522-3399
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ADULT Recommendation

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Adult Name: _____

Person Writing Recommendation: _____

Age: _____

I have known this adult for: (number of years) _____

I believe this adult will be an effective representative of and to our neighborhood or village, both at the Summit and when returning home to work on a plan of action: _____ Yes

Why do you think this adult will be a good member of your community's team?

Please return your letter of recommendation to the team's contact person. That person will send the application requirements, by August 9, 2004 to:

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